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The interest of the pupils never flagged for one moment, and all expressed great appreciation of the thorough and interesting demonstration of such an important branch of their training.

HYGIENE OF THE HOUSEHOLD

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WHAT a disturbance is created in the home life when the family physician diagnoses a case of infectious fever.

The whole economy of the household is upset; children are packed off to relatives or friends, that, besides being out of the way of infection, their school life may not be interrupted. Isolation has to be arranged for patient, trained nurse installed, Health Board notified, social engagements cancelled, and occasionally extra help provided for laundry or kitchen.

Finally the family settle down to face a long, tedious siege of isolation from their little world, lasting for weeks.

In a household blessed with a number of children hardly a year passes without the advent of some infectious disease, as children are peculiarly susceptible to infection, and, no matter how well they are guarded, are liable to meet with it at school, at play, in street-cars, and in places of amusement. Last week I heard of a case of scarlet fever carried home to a child by his nurse from some friends she had been visiting.

It is impossible oftentimes to trace the source of infection, but in some instances it comes from pure carelessness—one might say heartlessness—on the part of those who have fever in their homes.

Not wishing to forego their social pleasures, and without a thought of the suffering, trouble, and even death they scatter around, people have been known to enter crowded cars or public gatherings directly from a fever room without changing the clothing or using disinfectants, carrying hundreds of germs in the folds of their garments, sometimes leaving them with a kiss on the lips of their friends or folding them up in books, letters, and magazines as a legacy of suffering to the receivers.

When we realize that some fever germs live for months in a covered-in space, and when freed proceed to do their deadly work, the

gravity of carelessness or ignorance in regard to isolation and disinfection is most apparent.

Another source of infection comes from the fact that the patient is sometimes allowed to leave his seclusion too soon. Where I was visiting this summer a little girl contracted measles from a child with whom she played on the seashore, the mother having allowed her little one to go in bathing with other children while the skin was still peeling off her arms; and the best part of one summer I spent in the mountains nursing a family through diphtheria, the infection due to the visit of a cousin allowed to leave her home by the country doctor apparently cured, but with diphtheria germs still in her throat, as shown by a culture examination after the mischief had been accomplished. The result, two new graves in the churchyard, besides the sickness and suffering of four other people.

The majority of infectious diseases are cared for at home, and with proper attention paid to the details of isolation and disinfection, the disease rarely spreads even to the other members of the family.

The first thought is a room for the patient, and this preparation falls to the care of the home mother while awaiting the arrival of the nurse.

As isolation is the most important consideration, choose two rooms at the top of the house (the ideal sick-room contains two windows, and will have a sunny exposure).

Two rooms are required, as there are two people to be considered, the nurse as well as the patient.

Fever nursing is peculiarly trying from many causes, and therefore special thought must be given to the health and comfort of the nurse, whether she is a trained nurse or a member of the family. There is, moreover, always risk of infection to the nurse, which may only be avoided by taking every precaution in regard to sleeping, dressing, eating, etc., in a room separate from the patient. When the house is large enough an entire floor should be given up to patient and nurse.

Carpets and curtains are removed at once and sent to the cleaners, so as to be ready for use when the rooms are disinfected. No rugs of any kind are left on the floor, and small draw curtains of cheese-cloth or thin muslin will be sufficient at the windows, with dark-green shades to be used at will.

A single iron bedstead, hair mattress, piece of rubber sheeting, blankets, and a generous supply of the oldest bed-linen, which must be kept entirely apart from the house-linen during the disease. No heavy quilt or coverlet, either white or colored; a sheet will do duty instead.

All the furniture required besides the bed is a small table, bureau,

one or two cane-bottomed chairs, and an easy-chair or sofa (cot bed with mattress most suitable) for the convalescent period. All unnecessary furnishings ought to be removed to provide for perfect cleanliness, daily use of disinfectants, and free circulation of pure air.

The preparation of the room for the nurse is carried out along the same lines.

As a safeguard to the family, a housekeeping department on a small scale is organized with a supply of china-, glass-, and silver-ware, the care of which must be undertaken by the nurse in all cases of infectious diseases, and the food, which has to be cooked in the kitchen, is carried up on a tray and left at the top of the stairs.

A large pail or tub is needed to disinfect the soiled linen, which must be carried to the laundry while still wet to prevent the germs from flying round the house.

The clothes-horse from the laundry makes a fine screen covered with a sheet, or the bright idea suggested by Miss Thornton, of a line stretched across the room between the window and the bed to support the sheet, makes a capital substitute. The suggestion might be made that some soft-colored cretonne or art muslin take the place of the sheet, as far more restful to weak eyes than the glare of a large white surface.

Most careful attention must be paid to the care of bathroom and toilet when (as in the majority of small houses) there is but one for the whole house. It has to be washed daily with disinfectants, and well flushed with hot water and disinfectants after the secretions from the sick-room are disposed of.

As long as there is an infectious disease in the house all the members of the family should take especial care of their health, live simply, get out in the air frequently, and keep the halls and passages well ventilated as well as the living rooms; for even with the utmost care some germs will wriggle themselves out of the isolation of the sick-room and find ready feeding-ground in any member of the family who may be "under the weather."

(To be continued.)

